

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 01/25/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/27/2004						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	21	1850	DUPLICATE OF CLAIM-SYSTEM				
		8599	273	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	295	2623	10485	7862
		8931	212	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404902	BLUE RIDGE COMM UNITY	8505	2143	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	88	DUPLICATE OF CLAIM-SYSTEM	0	2251	4423	2172
		8800	18	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404905	TREND COMM MENT AL HLTH CTR	21	353	DUPLICATE OF CLAIM-SYSTEM				
		11	263	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	618	618	0
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404907	RUTHERFORD-POLK	21	131	DUPLICATE OF CLAIM-SYSTEM				
		8622	13	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	144	228	84
3404910	PATHWAYS	8505	5254	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	120	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	5412	5772	360
		5308	13	PRIOR AUTHORIZED UNITS EXCEEDE D				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	227	671	444
		8505	54	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404913	HECKLENBURG COM ENTAL HEALT	11	4113	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	93	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	4223	4415	192
		21	14	DUPLICATE OF CLAIM-SYSTEM				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA VIOAL HEAL	21	29	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	29	377	348
3404917	CENTERPOINT HUM AN SERVICES	11	131	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	117	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	2	396	761	365
		21	67	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	11	146	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	62	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	12	283	1435	1152
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	360	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	218	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	250	1336	4617	3281
		21	135	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	8505	73	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	74	121	47
3404921	ORANGE PERSON C HATHAM AREA	5312	491	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	464	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	72	2041	4605	2564
		167	268	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404922	THE DURHAM CENT ER	21	1339	DUPLICATE OF CLAIM-SYSTEM				
		120	214	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	1659	2585	926
		8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8599	241	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	118	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	627	2127	1477
		8800	102	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404924	FIEDMONT AREA M H/DD/SAS	8525	119	CLAIM DENIED, REFERRING PROVIDER MUST BE AN LMA.				
		191	33	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	152	152	0
3404925	SANDHILLS CENTER FOR MH/DD	8505	3663	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	449	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4229	5725	1496
		8599	71	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTH	11	2226	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	2063	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	115	6730	9374	2644
		8518	1034	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404927	CUMBERLAND COUNTY MHC	5404	54	SEVERE DUPLICATE: SAME ATTENDING PROVIDER/PCODE/TOS/DOS/MOD				
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	189	1050	861
		8599	42	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MHC/DD/SAS	11	123	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		24	65	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION	3	328	887	559
		8599	60	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MENTAL HEALTH	120	17	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		24	13	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION	1	55	1599	1544
		8621	6	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404931	WAKE COUNTY HUMAN SERVICES BILLING	8505	1457	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	241	DUPLICATE OF CLAIM-SYSTEM	0	2001	3938	1937
		11	203	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404932	RANDOLPH/SANDHILLS COUNTY MHC	167	312	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
		10	22	DIAGNOSIS OR SERVICE INVALID FOR OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	15	404	948	544
		191	18	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				

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3404933	SOUTHEASTERN CT R FOR MH/DD	8505	469	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	89	CLIENT NOT ELIGIBLE ON SERVICE DATE	32	677	1826	1149
		8931	25	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404934	ONSLOW COUNTY B EHAVIORAL H	8000	142	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8505	131	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	8	510	996	486
		11	69	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	3	35	834	799
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404937	EDGEcombe NASH MNTL HLTH C	21	183	DUPLICATE OF CLAIM-SYSTEM				
		8505	160	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	9	549	2162	1613
		11	66	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404938	HALIFAX COUNTYM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	11	248	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	271	526	255
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	120	262	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		143	106	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	19	518	1307	789
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404942	ROANOKE CHOWANN UMAN SERVIC	11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8932	1	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1	88	104	16
3404943	ALBEMARLE MENTA L HEALTH CE	8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	44	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	42	197	1751	1554
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	2770	DUPLICATE OF CLAIM-SYSTEM				
		8931	139	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	250	3238	5957	2719
		8599	130	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	8517	1791	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8505	1599	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	3608	3635	27
		11	121	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404959	DAVIDSON CO MEN TAL HLTH CT	8524	140	CLAIM DENIED, PROVIDER MUST BE DESIGNATED AS A BILLING PROVIDER.				
		0	0		0	140	140	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	253	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	113	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	40	508	704	196
		21	46	DUPLICATE OF CLAIM-SYSTEM				